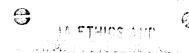
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	DISCLOSURE	NS, SEE BACK OF FORM SUMMARY PAGE	n ner i	7 00 0.0	3.0
COMMITTEE NAME (Must be	same as on Statement of Orga	Inizetion		1 111 3: 2	.3
People 4 Progress		in Eurory		FORM	
	of committee you are reporting for: standing for Retention Candidate ()) County Candidate (6) City Candi y PAC (9) City PAC (10) School E	11 2)State PAC (3)State Party date (7)School Board or Other Political Subdivision F	Highlight AC (DR-2 (Rev. 07/2007)	DISCLOSURI REPORT
CANDIDATE COMMITTEES (Candidate Name	ONLY;	Political Party (if applicable	.	Comm. # .ogged in Scanned	
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AM FILING A October 14, 20	008	REPORT FOR (1) ELECTION	N /(2)NON-	ELECTION YEA	R.
• •	xort date)	Indicate b	y# 1		
CHECK IF AMENDMENT TO	REPORT DATED		Local Com	miltees, onter Date	of Biodian
Check if this is final (terminati (You must continue to	ion) report and attach Notice of file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County & L which Elec Buchane	ocal Committees, o	enter County in
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STATEME	NT OF CASH ON HAND				
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MONETARY

SCHEDULE

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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COMMITTEE NAME (Must be same as on Statement of Organization) People 4 Progress		ECK THIS BOX IF ENDING FORM	
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	V IF FO FUND RAISEF INCOM
96/08	CK#	Terry Toale Independence, IA 50644		\$100	
9/2/08	CK#	John Klotzbach Independence, IA 50644		100	
96/08	ID# CK#	Leroy Greenley Independence, IA 50644		100	
9/5/08	ID# CK#	Bob Richard Independence, IA 50644	,	500	
alska	ID# CK#	Darrel Wenzel Independence, IA 50644		100	
9lulo8	ID#	Bryan Palmer Independence, IA 50644		100	
a luloz	ID# CK#	Lans Flickinger Independence, IA 50644		100	
<u>'</u>	CK#	Uniternized Contributions		51.27	
Alulox	ID# CK#	Brown-Lane Insurance Independence, IA 50644		250	
9/alog	CK#	Ryan Ruffcorn Independence, IA 50644		75	
			SUB-TOTAL	s 1476.27	

TOTAL (If last page of this schedule)

Page 1 of 5

[&]quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same se candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

MONETARY

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)	(Rev. 07/03) RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) People 4 Progress	CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND RAISER INCOME
9/11/08	CK#	Iowa Ham Connection Independence, IA 50644		\$100	INCOME
9/11/08	CK#	Anne McMillan Independence, IA 50644		250	
9/15/08	ID# CK#	Cheryl Hand Independence, IA 50644		100	
9/11/08 9/15/08 9/15/08	IDW CK#	Burnell Haven Independence, IA 50644		100	
1115/18	ID# CK#	Craig Johnson Independence, IA 50644		100	
1/15/08	ID# CK#	Rob Robinson Independence, IA 50644	_	100	
1/b3/b8	ID# CK#	Susan Garber Independence, IA 50644		50	
1/03/08	ID# CK#	Dawnye Sturtz Brandon, IA 52210		100	
9/03/08 9/03/08	ID# CK#	Bill Dunn Independence, IA 50644		100	
163/08	CK#	Tanya Greiner Independence, IA 50644		100	
			SUB-TOTAL	s 1100	h

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consangularity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

2 (for Schedule A)

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS .- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) People 4 Progress		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/08	ID# CK#	Lisa Sanboeuf Independence, IA 50644		\$200	INCOME
9 b3/08	CK#	Daniel Kegler Independence, IA 50644		250	
9/03/18	ID# CK#	John Arend Independence, IA 50644		150	
9 /23/08	ID# CK#	Eric Bohlken Independence, IA 50644		75	
16/08	ID# CK#	Karl Kurt Independence, IA 50644		100	
9 b6/08 9/30/08	ID# CK#	Harriet Short Independence, IA 50644		30	
9/30/08	ID# CK#	Bachman Tool & Die Co Independence, IA 50644		500	
10/3/08	ID# CK#	Larzon Construction Company Inc Independence, IA 50644		250	
6/8/18	ID# CK#	Rudolph Leytze Independence, IA 50644		100	
(0/8/08	CK#	John Christensen Independence, IA 50644		50	
<u> </u>	,		SUB-TOTAL	s 1705	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of contangularity (blood relatives) and affinity (relatives by marriage). If sumarne of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (If lest page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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1 77 494	
*******	CKIN COLONIA

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

People 4 Progress

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Diaburasment) WAS MADE	Purpose (Describe transaction)	AMOUNT EXPENDED
09/11/08	ID# CK#	Banklowa Independence, IA 50644	Check order	\$ 12.08
09/29/08	ID# CK#1003	Shelly Whited Independence, IA 50644	Reimburse advertising materials	124.00
10/02/08	ID# CK# 1004	Print Express Independence, IA 50644	Print fliers	242.50
0/07/08	ID# CK# ₁₀₀₅	Jon Holland Independence, IA 50644	Reimburse voter data and PO Box rent	113.00
	ID# CK#			
	ID# CK#			
	ID#			
	ID# CK#			
<u> </u>			SUB-TOTAL	\$ 491.58

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

Page 1 of 1	

\$ 491.58

TOTAL (if last page of this schedule)